

**INSTRUCTIONS FOR COMPLETING DD FORM 67,**  
**“FORMS PROCESSING ACTION REQUEST”**  
**MAXWELL BASE CONTENT MANAGEMENT PROGRAM**  
**INFORMATION MANAGEMENT TOOLS MANAGEMENT OFFICE**  
**MSD/MSPPI 953-5100**  
As of 3/24/06

The Air Force uses the DD Form 67 to process Information Management Tools (IMT). These instructions detail the procedures for obtaining approval to create, revise, or cancel a base level IMT. It is mandatory for all DOD agencies to use the DD Form 67 to document IMTs processing procedures. You, the OPR, must ensure each required block is complete *before* you and the approving authority sign the DD Form 67. The following information will help guide you through the process of completing the DD Form 67.

- Block 1. **TYPE SUBMISSION:** Place an “X” in the appropriate block to indicate whether the request is to create, revise, or cancel an IMT. Use the "OTHER" box to indicate whether the request is for a "Test", "One-Time", or "Electronically-Generated" IMT.
- Block 2. **FORM DESIGNATION NUMBER:** Leave blank if the request is for a new IMT. For a revised or obsolete IMT, enter the prefix "AU," "MAFB," etc., and the number of the existing IMT.
- Block 3. **DATE OF FORM:** Complete only when the DD Form 67 is used to declare an IMT obsolete; otherwise, leave blank.
- Block 4. **FROM:** Enter the OPR’s complete local mailing address, organization/FAS, complete street address, Base, State, and Zip plus 4. Authorized abbreviations may be used.
- Block 5. **THRU:** (Leave Blank)
- Block 6. **TO:** Enter the Base IMT Management Office address: MSD/MSPPI, 50 LeMay Plaza South, Maxwell AFB AL 36112-5948.
- Block 7. **FORM TITLE:** Enter the IMT’s title exactly as it should appear or appears on the IMT—it should agree with the title on the draft copy of the proposed IMT. Do not use an abbreviation unless the abbreviation must appear in the title on the IMT. Do not use the word, "Form" or “IMT” in an IMT title. Avoid using the term “Worksheet” in an IMT title.
- Block 8. **SUPERSEDED FORMS (If applicable):** Enter the number and edition date of all existing IMTs that the proposed IMT will replace. If the proposed IMT revises or consolidates other IMTs, indicate whether personnel may use existing stock. If the request is for a new or cancelled IMT, enter "N/A."
- Block 9. **PRESCRIBING DOCUMENT NUMBER:** Enter the directive/publication number, and attach a copy (either draft in final coordination process or published copy) of the directive/publication that prescribes the use of the proposed IMT. IMTs used by two or more staff agencies must be prescribed by a local publication. Leave this blank if the proposed draft is an office IMT (used only within one staff agency). Office IMTs do not require prescribing directives/publications.

➤ Block 10. **FUNCTIONAL CODE:** For a revised or obsolete IMT, enter the functional code listed on the existing DD Form 67. If the OPR does not have a copy of the last DD Form 67, contact the Base IMT Management Office for the functional code. For a new IMT, leave blank.

➤ Block 11. **TYPE OF FORM:** Place an "X" next to "Prescribed" block if a directive/publication prescribes the IMT. An "X" in the "Prescribed" box indicates the IMT is prescribed for mandatory use by all base level organizations to which the IMT applies. Otherwise leave blank.

➤ Block 12. **DESIGN CONSIDERATIONS:**

**A. SUGGESTED SIZE.** Enter "8 1/2 x 11 inches" for standard size IMTs. IMTs should not be larger than 8 1/2 x 11 inches, unless justified. Provide written justification with the DD Form 67 for those IMTs larger than 8 1/2 x 11 inches. Coordinate each request for a postcard, self-mailer, etc. with the Postal Policy Official (42 CS/SCS) before sending it to the Base IMT Office.

**B. SPECIAL CONSTRUCTION REQUIRED (X one).** The construction of each IMT is generally left to the discretion of the OPR. If "YES" is checked, attach a copy of the mandatory printing specifications so all Agencies will print the IMT exactly as the specifications stipulate. Any printing or construction deviation requires a written request for a waiver (through the Base IMT Office) to the OPR to obtain approval to deviate from the mandatory printing specifications.

**C. IS FORM CLASSIFIED? (X as applicable).** Check the appropriate box. If "WHEN BLANK" is checked, it indicates the requester and the user of the IMT are responsible for ensuring the IMT contains the required markings, and the security guidelines of DOD 5200.1-R are complied with during the life cycle of the IMT. If neither box is checked, it indicates the IMT is neither classified nor is there a need for security controls.

**D. IS FORM CONTROLLED? (X as applicable).** Check the applicable boxes. A check in either of these boxes indicates that the unauthorized use of the IMT could jeopardize DOD security or result in fraudulent financial gain or claims against the Government. Most controlled IMTs are printed with serial numbers so each IMT can be accounted for during printing, shipping, issuing, etc. Pre-numbering an IMT does not always make it a controlled IMT; the IMT may be numbered to control an item; such as, baggage, dry cleaning, etc.

**E. IS FORM AUTHORIZED FOR ELECTRONIC GENERATION? (X one).** Check the applicable box:

**YES:** A check in "YES" indicates that the IMT's OPR has approved the IMT for electronic generation. The electronic version of the IMT must replicate exactly the contents (wording), format (layout), and sequence (arrangement) of the existing approved IMT. Any alteration in the content, format, or sequencing must be approved, through the Base IMT office, by the OPR.

**NO:** A check in the "NO" box indicates the IMT's OPR has not approved the IMT for electronic generation. The requesting office shall submit a formal request to the Base IMT Office, for subsequent forwarding to the OPR for evaluation.

**WITH STIPULATIONS:** A check in "WITH STIPULATIONS" indicates that the IMT's OPR will consider approving the IMT for electronic generation with specific stipulations or conditions. Procedures to obtain approval to electronically generate this IMT are the same as for those IMTs having "NO" checked in this column.

➤ Block 13. **PURPOSE AND DESCRIPTION OF USE (Attach additional sheet, if necessary):** Answer the following questions.

1. What is the purpose of the IMT?
2. For a pre-existing IMT, what is the reason for the revision?
3. How will the IMT be used (describe in detail)?
  - a. What offices will utilize the IMT?
  - b. Who will fill out the IMT?
  - c. The IMT consist of how many pages?
  - d. List all organizations/personnel receiving a copy of the IMT?
  - e. Where will the original and/or any copies filed?
4. Will the IMT be electronically fillable, completed with a pen/pencil or both?
5. Does this IMT (prescribed only) need to be made available on the electronic IMT web page? If it does not, indicate the prescribed IMT is stocked and issued (S & I) by the OPR. Office IMTs will not be made available on the electronic IMT web page, they are stocked and used (S & U) by the OPR.
6. What is the disposition instruction of the completed IMT and how long will it be retained; include the table and rule from AFRIMS (contact your organizational FARM/PAM for assistance).
7. If the IMT is being designed to support a MAJCOM tasking and the tasking agency did not provide an IMT for the purpose/tasking, indicate what, how, and/or who directed the tasking. List the source for the requirement and attach a copy.
8. If the request is to cancel an IMT, state the reason for canceling it.

➤ Block 14. **INTERNAL COORDINATION AND CONCURRENCE:** Obtain the program manager's coordination for each of the applicable programs listed. The program manager's name, initials, office symbol, and telephone number should be entered for each program condition met by the circumstances of the IMT. Complete all required coordination. Consider the need for coordination by each agency listed in lines a through d. Lines a through d are coordinators and concurrences internal to the information technology world, not internal to your organization. **\*See Note Below**

➤ Block 15. **EXTERNAL COORDINATION AND CONCURRENCE:** If there are agencies that must coordinate and they are not listed in block 14, add them in this block. If you require more spaces for additional agencies, print a second DD Form 67. *Each organization determines their internal organizational and interested/affected coordination.* **\*See Note Below**

\* Note: See AFI 33-360 V2, Table 1.1, *Coordinating IMTs-Functional Rules*, or the Maxwell adaptation of Table 1.1 located on the Maxwell AFB Electronic IMT web page: <https://pubs.maxwell.af.mil/index>.

*There are five mandatory coordinators on the DD Form 67: 1) the OPR's organizational FARM/PAM (enter on block 15); When coordinating the proposed draft IMT, list the following four mandatory organizations in order and "IN TURN" as the final coordinators prior to obtaining Approval Authority signature: 2) ICR Manager (42 CS/SCSA, enter on block 14d, OMB); 3) Base Privacy Act Officer (42 CS/SCSR, enter on block 14a, Privacy Act); 4) Base Records Management Office (42 CS/SCSR, enter on block 15); and 5) Base Legal Office (42 ABW/JA, enter on block 15). AFOATS organizations may coordinate with AFOATS/JA and CAP-USAF may coordinate with CAP-USAF/JA in place of 42 ABW/JA, but must follow the same order. Ensure all coordination is complete before submitting to IMT Management (MSD/MSPPi) for design approval.*

➤ Block 16. **DOD Component OPR and/or Action Officer:** Enter the typed name, signature, and telephone number of the person responsible for coordinating the DD Form 67. This person who can provide technical information about the IMT's purpose and use.

- 16a. **Typed Name:** Type name of the OPR.
- 16b. **Signature:** OPR signs.
- 16c. **Telephone No.:** Type OPR's Telephone Number.

➤ Block 17. **DOD Component Approving Official:**

- 17a **Signature:** Signature of the approving official. *For prescribed IMTs, the approving official is the same approving official for the prescribing publication. For office IMTs, the wing staff agency chief, squadron or flight commander is the approving official. 42 ABW/CC will be the approving official for all IMTs with functional areas that are the responsibility of the base operating support contractor.*

- 17b. **Date Signed:** Date signed by the approving official.

➤ Block 18. **DOD Component and/or Forms Management Officer:** Leave blank, not used.

Block 19a, b & c. **Approving IMTs Management Officer:** Leave blank.